## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| IND.   DEP.   IND.   DEP.   IND.   DEP.   | NT       |
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| 100      |            |  | <del>                                     </del> |             |  | <del> </del>                                     |
| TOTAL    | <u> </u>   |  |  |             |  |  |
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| DEP.     |            |  |  |             |  |  |
| TOTAL    |            |  |  | 1. 1.       |  | 3. 1   |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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